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SUPPLEMENTAL APPLICATION DATA SHEET

**Application Information**

Application Number:: 10/667,159  
Filing Date:: September 19, 2003  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: Bone Anchor Placement Device With  
Recessed Anchor Mount  
Attorney Docket Number:: BSC-065CPC1  
Total Drawing Sheets:: 39  
Small Entity?:: No  
Licensed US Govt. Agency:: No  
Contract or Grant Numbers:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Barry  
Middle Name:: N.  
Family Name:: Gellman  
Name Suffix::  
City of Residence:: North Easton  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 19 Pebble Brook Road  
City of Mailing Address:: North Eastern  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 02356-1300

Applicant Authority Type:: Inventor

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Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Ghaleb  
Middle Name:: A.  
Family Name:: Sater  
Name Suffix::  
City of Residence:: Lynnfield  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 1200 Salem Street, Unit # 123  
City of Mailing Address:: Lynnfield  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 01940

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Armand  
Middle Name::  
Family Name:: Morin  
Name Suffix::  
City of Residence:: Berkley  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 24 Locust Street  
City of Mailing Address:: Berkley  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 02779

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA

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Status:: Non-Signing Inventor  
Given Name:: Stephen  
Middle Name:: P.  
Family Name:: Beaudet  
Name Suffix::  
City of Residence:: Littleton  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 82 Whitcomb Avenue  
City of Mailing Address:: Littleton  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 01460-1403

**Correspondence Information**

Correspondence Customer Number:: 021323

**Representative Information**

Representative Customer Number:: 021323

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## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/738,378	12/15/00
09/738,378	Continuation-in-part of	09/309,816	05/11/99
09/738,378	Non-provisional of	60/085,113	05/12/98
09/738,378	Non-provisional of	60/125,207	03/18/99
09/738,378	Continuation-in-part of	09/238,654	01/26/99
09/738,378	Non-provisional of	60/072,641	01/27/98

## Assignee Information

Assignee Name:: Scimed Life Systems, Inc.

City of Mailing Address:: Maple Grove

State or Province of Mailing Address:: Minnesota

Country of Mailing Address:: U.S.